WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 42183

Registered No. 12055

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City St. Louis, Mo. (No. 7019 Michigan St. ..... Ward)

2. FULL NAME Barbara Behland.

(a) Residence, No. 7019 Michigan St., / Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph H. Behland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1868.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 186

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home. 194

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine

FATHER

13. NAME Marion Schnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine

MOTHER

15. MAIDEN NAME Barbara Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Joseph Behland 7019 Michigan

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial Pk. DATE 12-4-31

19. UNDERTAKER (ADDRESS) Southern Undt. 6320 So Grand Ave

20. FILED [illegible] -3 1931, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2- 1931.

22. I HEREBY CERTIFY, That I attended deceased from July-17-, 1931, to Dec. 2-, 1931

I last saw her alive on Dec. 1-, 1931. Death is said to have occurred on the date stated above, at 4:26 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

Metastatic malignancy in Rt. humerus, left femur + possibly at base of skull

Primary lesion not known

Other contributory causes of importance:

Rt. arm (humerus) fractured twice received in fall from chair at residence

Name of operation None Date of Accident

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/17, 1931

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Fall from Chair at residence

Nature of injury Fractured Right Humerus

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) D. S. Pruett, M. D.

(Address) 6006 Va. ave